

EXHIBIT 7



State of Connecticut
Department of Public Safety

D.P.S.



Sex Offender Registry -- Registration Form

VERIFIED
SEX OFFENDER REGISTRY

Type of Registration: ☒ Initial Registration ☐ Change of Address Only ☐ Out of State Offender ☐ Temporary

Last Name, First Name, Middle Name

Friedman, Jesse L

Aliases & Other names used including legal name changes:

Current or Intended Address (No P.O. boxes, If no address is provided registration is not complete and registrant must report to DPS-Sex Offender Registry Unit within 3 days of release)

No. & Street	Unit #	City	Zip Code	Educational Institution or Employment: (Name and address)
				<input type="checkbox"/> Student <input type="checkbox"/> Employed/Carry on vocation <input type="checkbox"/> Non resident CT employ.

Crime(s) Requiring Registration:

Statute #	Statute Title	Conviction Date	Docket Number	Court Location
NYconv.	Sex Abuse - Sex Contact	12-20-88		New York
Place of Crime:	Arresting Agency NY IND < 11 YRS	Date of Release:	Local Case #:	Court Name/ GA No. Court court Nassau.
NY.	Nassau County			
Statute #	Statute Title	Conviction Date	Docket Number	Court Location
NYconv.	Unch.ild < 16 Sex perbivans			
Place of Crime:	Arresting Agency	Date of Release:	Local Case #:	Court Name/ GA No.

Duration of Registration: ☐ 10 years ☒ Life ☐ Other: End Registration Date:
Offense Classification: ☐ Sexually Violent Offense ☐ Criminal Offense Against a victim who is a minor ☐ Non-Violent
☒ Foreign Jurisdiction ☐ Felony for sexual purpose

DOB	Current Status	Race/Ethnicity (check all that apply)					
	<input type="checkbox"/> On Probation <input checked="" type="checkbox"/> On Parole	<input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
SPBI Number	POB	Sex	Height	Weight	Hair	Eyes	Complexion (Skin Tone)
30163445	NY	m	508	185	Bwn	Blue	
DOC Inmate No.	FBI #	Social Security No.	Other Identification No.	Residence Telephone			
	759843HA3						

Scars, Marks, Tattoos, Other physical characteristics:

Authentication Section

Check all tasks completed: ☒ Photograph ☒ Fingerprints ☒ DNA Sample ☒ DPS-694-C-3 Reg. Requirements Form

Det Jenev	4-27-09	4-27-09	4-27-09
Name of person obtaining DNA sample	Location DNA sample taken	Date DNA sample taken	Date Photo taken
Det Jenev	1149	4-27-09	
Name & Title of Registering Official	Badge Number If Applicable	Date of Registration	
CSD Surin @ HQ	860-685 8060		
Name of Registering Agency and Place of Registration	Agency Telephone Number		

Full registration requires all of the following: completion of this form, a full set of fingerprints, a photograph taken at the time of registration, and a biological sample taken for the purposes of DNA analysis. Registrants will be required to complete address verification forms that will be mailed to their last reported address every 90 days. The address verification forms must be signed and returned by mail by a date which is 10 days after the date such form was mailed to the registrant. Registrants must report a change of address in writing to the Sex Offender Registry Unit within 5 days of a change of address.

Failure to complete registration requirements or providing false information is a Class D felony.

Signature of Registrant

Date Signed:

4-27-09

"Any person who uses information in this registry to injure, harass, or commit a criminal act against any person included in the registry or any other person is subject to criminal prosecution." Sec. 54-258a, C.G.S.)

Mail to: Department of Public Safety -- Sex Offender Registry Unit 1111 Country Club Rd. Middletown, CT 06457-9294 (860) 685-8060
DPS-694-C (Rev. 11/04)

AKC